



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION III SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

ORIGINAL (Red)

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Liquid Waste Disposal		B. STREET (or other identifier) Richford Rd.	
C. CITY Richmond	D. STATE VA	E. ZIP CODE 23229	F. COUNTY NAME Hanover
G. OWNER/OPERATOR (if known) 1. NAME Mr. Brewington (facility representative during this inspection)		2. TELEPHONE NUMBER (804) 746-1093	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION Area surrounded by chain link fence; dimensions about 200 ft. by 300 ft.; Flat terrain; partially diked around facility; stream in back of facility; clay-type material

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) EPA via State of Virginia	K. DATE IDENTIFIED (mo., day, & yr.)
---	--------------------------------------

L. PRINCIPAL STATE CONTACT 1. NAME Walter Gulevich	2. TELEPHONE NUMBER FTS 8-936-1754
--	---------------------------------------

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: <input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

SENT FEB 08 1980

C. PREPARER INFORMATION 1. NAME Geo. Houghton		2. TELEPHONE NUMBER FTS 8-922-3752	3. DATE (mo., day, & yr.) 1/31/80
---	--	---------------------------------------	--------------------------------------

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) 200 ft. x 300 ft. 1.377 acres	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): shack used for office		



SEMS DocID 2334574

(REG)

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> X	A. TRANSPORTER	<input checked="" type="checkbox"/> X	B. STORER	<input checked="" type="checkbox"/> X	C. TREATER	<input checked="" type="checkbox"/> X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		<input checked="" type="checkbox"/> X 3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
<input checked="" type="checkbox"/> X	4. TRUCK		<input checked="" type="checkbox"/> X 4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/> X	6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Waste stored in large tank (18,000 gal.) and drums. Test for compatibility of wastes consists of mixing two chemicals in beakers.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

1. UNKNOWN 2. LIQUID 3. SOLID 4. SLUDGE 5. GAS

B. WASTE CHARACTERISTICS

1. UNKNOWN 2. CORROSIVE 3. IGNITABLE 4. RADIOACTIVE 5. HIGHLY VOLATILE
 6. TOXIC 7. REACTIVE 8. INERT 9. FLAMMABLE

10. OTHER (specify): industrial wastes

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Unknown

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> X (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> X (1) OILY WASTES	<input checked="" type="checkbox"/> X (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> X (1) ACIDS	<input checked="" type="checkbox"/> X (1) FLYASH	<input checked="" type="checkbox"/> X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(specify)		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Storage of liquid waste and no apparent spill prevention plan

ORIGINAL
(Red)

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Liquid is dropped through an opening in the top of a pipe, and a flame is shot through. Pipe open on both ends, with wall a few feet from one end.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR	X			
12. NOTICEABLE ODORS	X			
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION	X			
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

ORIGINAL

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- 1. NPDES PERMIT
- 2. SPCC PLAN
- 3. STATE PERMIT (specify): Air - old source
- 4. AIR PERMITS
- 5. LOCAL PERMIT
- 6. RCRA TRANSPORTER
- 7. RCRA STORER
- 8. RCRA TREATER
- 9. RCRA DISPOSER
- 10. OTHER (specify): _____

B. IN COMPLIANCE?

- 1. YES
- 2. NO
- 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- A. NONE by EPA
- B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE
- B. YES (complete items 1,2,3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
PCB inspection	4/11/79	EPA	Samples taken; found 42.6 ppm Aroclor 1016 and 1.72 ppm Aroclor 1260

X. REMEDIAL ACTIVITY (past or on-going)

- A. NONE
- B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

Facility receives waste from: Allied Chemical, Reynolds Metals, Virginia Folding, Box, Haskell Chemical Co., Suffolk Chemical

RECEIVED
 FEB 08 1980